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Bib Data Sheet

**CONFIRMATION NO. 2557**

SERIAL NUMBER 10/719,400	FILING DATE 11/21/2003  RULE	CLASS 219	GROUP ART UNIT 3742	ATTORNEY DOCKET NO. 3000177 / 703454-2001
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**APPLICANTS**

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 11	TOTAL CLAIMS 58	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

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94111-4067**TITLE**

Microwaveable cooking apparatus, product and method of preparing microwaved food item

FILING FEE  RECEIVED 1670	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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